



HAL
open science

Breastfeeding, atopy, and asthma.

Renaud Becquet, Valériane Leroy, L Rachid Salmi

► **To cite this version:**

Renaud Becquet, Valériane Leroy, L Rachid Salmi. Breastfeeding, atopy, and asthma.. The Lancet, Elsevier, 2003, 361 (9352), 174; author reply 175-6. inserm-00189809

HAL Id: inserm-00189809

<https://www.hal.inserm.fr/inserm-00189809>

Submitted on 22 Nov 2007

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Sir. Sears and colleagues¹ showed an increased risk of atopy and asthma in children breastfed for four weeks or longer compared to those not breastfed or breastfed for less than four weeks. They conclude that breastfeeding could play a role in the development of atopy and asthma. We believe that such a message could have a potential negative public health impact on infant feeding practices, and is not supported by their findings.

Such a strong conclusion would require a precise, prospective and frequent documentation of breastfeeding practices². However, in the study, all information on infant feeding during the first 36 months were documented retrospectively by interviewing mothers when the child was three years old. A retrospective assessment can yield information biases regarding exact modalities (i.e., exclusive, predominant, mixed) and duration of breastfeeding². According to WHO definitions³, most of the breastfed children included in this study would be neither exclusively nor predominantly but mixed breastfed. Thus, the higher risk of atopy and asthma reported in breastfed children might as well be due to the introduction of complementary foods in mixed breastfed children, rather than to breastmilk. In that case, these results would not contradict those of Oddy and colleagues⁴, who showed a protective effect of exclusive breastfeeding against asthma and atopy.

Consequently, we strongly feel that, instead of pooling non-breastfed children and children breastfed for less than four weeks, the authors should have compared children exposed to breastmilk, whatever the duration, to children who were never breastfed. In addition, further stratified analysis or studies are required to clearly explore the proper effects of exclusive, predominant and mixed breastfeeding in the development of atopy and asthma. Finally, considering that the increase in atopy and asthma in the past three decades would be explained by the increasing prevalence of breastfeeding, is confusing. Indeed, as the role of many environmental factors is dominant in the development of asthma⁵, their evolution has to be taken into account before reaching that conclusion.

Meanwhile, we believe that this study does not provide any convincing evidence leading to reconsider the promotion of breastfeeding in developed countries.

Renaud Becquet, Valériane Leroy, L Rachid Salmi

Unité INSERM 330

Université Victor Segalen Bordeaux 2

146, rue Léo Saignat

33076 Bordeaux Cedex

France

(e-mail : Renaud.Becquet@isped.u-bordeaux2.fr)

1. Sears MR, Greene JM, Willan AR, et al. Long-term relation between breastfeeding and development of atopy and asthma in children and young adults: a longitudinal study. *Lancet* 2002;**360**(9337):901-907.
2. Piwoz EG, Creed de Kanashiro H, Lopez de Romana G, Black RE, Brown KH. Potential for misclassification of infants' usual feeding practices using 24-hour dietary assessment methods. *J Nutr* 1995;**125**(1):57-65.
3. WHO. Indicators for assessing breast-feeding practices : report of an informal meeting. Geneva: World Health Organization, 1991: 14.
4. Oddy WH, Holt PG, Sly PD, et al. Association between breast feeding and asthma in 6 year old children: findings of a prospective birth cohort study. *Bmj* 1999;**319**(7213):815-9.
5. Sears MR. Epidemiology of childhood asthma. *Lancet* 1997;**350**(9083):1015-20.